



MAIN STREET RADIOLOGY

32nd Avenue Office
32-25 Francis Lewis Blvd.
Bayside, New York 11358

Northern Blvd. Office
44-01 Francis Lewis Blvd.
Bayside, New York 11361

Downtown Flushing Office
136-25 37th Ave.
Flushing, New York 11354

DATE: _____

Name: _____

Address: _____

Weight: _____

Telephone Number: Home: () _____ Work: () _____

Do you have any allergies to food? Yes___ No___
If yes, please list: _____

Do you have any allergies to medication? Yes___ No___
If yes, please list: _____

Please list the medications taken regularly: _____

Please check if you have any of the following:

	Y	N		Y	N		Y	N
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>
Sickle Cell	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>

Are you taking Insulin? Yes___ No___

Are you taking Glucophage(Metformin), Glucovance, Metaglip, Avandamet ,Fortamet, Glumetza, Diabex, Diaformin , Riomet, Actoplus and Janument? Yes___ No___

If you are on dialysis, what was the date of your last dialysis: _____

Are you pregnant? Yes___ No___

Have you had a previous Ct scan? Yes___ No___

If yes where: _____ For what reason: _____

What problems are you having now? _____

For how long: _____ Which side? Left___ Right___

Why are you having this CT scan? _____

Have you had any surgery on the area to be scanned? Yes___ No___

List any surgical procedures and approximate dates: _____

Have you ever had chemotherapy or radiation therapy? Yes___ No___

If so, when and where? _____

SIGNED _____ DATE _____

Name: _____ Date: _____

Your imaging procedure requires the administration of x-ray dye/contrast (these are 2 commonly used names for the same thing). This injection will help the physician to interpret the exam.

Have you ever had the injection of x-ray dye/contrast Yes____ No____

If yes, have you ever had, as a result of the injection of contrast any of the following:

Hives	Yes____	No____
Shortness of breath	Yes____	No____
Fainting or collapse	Yes____	No____

X-ray dye/contrast is administered by injection through a small needle placed in your vein. During the administration of the x-ray dye/contrast you may experience a feeling of warmth which is normal and expected.

Normally, the administration of x-ray dye/contrast is quite safe; however, there is a slight risk of an allergic reaction.

Some patients (1 out of 1,000) develop sneezing and/or hives.

In rare cases (1 out of 100,000) a patient death has occurred due to an allergic reaction to the x-ray dye/contrast.

The physicians and staff at Main Street Radiology are trained to respond to any situation that may develop.

I have read and understand the above information and agree to have the CT scan and the injection of dye/contrast.

*Signature _____ Relationship to Patient _____
Date _____

*NOTE: If the patient is under eighteen (18) years old, the authorization of the parent or guardian must be obtained, unless the patient is married or the parent of a child.

IF YOU HAVE ANY FURTHER QUESTIONS PLEASE SPEAK TO THE RADIOLOGIST.